

ID#: _____

**DEPARTMENT OF STATE
TENNESSEE OPEN APPOINTMENTS
NOTICE OF APPOINTMENT**

(One copy of this form to be completed for EACH vacancy filled)

NAME OF BOARD, COMMISSION, COUNCIL, COMMITTEE, AUTHORITY, TASK FORCE, OR AGENCY

DEPARTMENT

APPOINTING AUTHORITY OF THIS VACANCY

APPOINTED MEMBER INFORMATION

NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

PHONE NO.: _(____)_____-____ SEX*:____ RACE*:____

APPOINTEE'S COUNTY OF RESIDENCE: _____

APPOINTEE'S LEGISLATIVE DISTRICTS: HOUSE NO.:____ SENATORIAL NO.:____

TERM BEGINS:____ TERM ENDS:____
Month Day Year Month Day Year

Appointed member is: (check one)

☐ Replacing previous member, _____

☐ A reappointment

☐ A newly created position

☐ A reactivated agency position

This appointed member serves as (refers to the specific qualifications of this position;
e.g.: representative of public or private sector, organizations, professions; specific
geographic area; specifications of age, sex, race, etc.):

*OPTIONAL

(OVER)

Tennessee Public Chapter 766 (*T.C.A. § 10-7-605*) requires notice of vacancies to be published until the chair or appointing authority submits notification within fifteen (15) days of vacancy being filled.

In accordance with Public Chapter 766 (*T.C.A. § 10-7-605*), I am submitting a notification by means of this completed document that this vacancy has been filled by said appointed member and authorize publication of this vacancy to cease.

Signature of Chair or Appointing Authority DATE _____
Month Day Year

This form was prepared by: _____
NAME
(_____) _____
PHONE NUMBER

This form submitted on : _____
Month Day Year

Submit complete forms to:
Tennessee Open Appointments
Secretary of State
Division of Publications
312 Eighth Avenue North, 8th Floor
William R. Snodgrass Tower
Nashville, TN 37243-0310
(615) 741-2650 FAX (615) 741-5133

OFFICE USE ONLY:

ID#: _____
DATE FORM RECEIVED: _____
DATES OF PUBLICATION: _____
DATE DELETED FROM PUBLICATION: _____

